

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538,062

FILING DATE

6-9-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		2-				
4		1-				
5		1-				
6		2-				
7		1-				
8		1-				
9		1-				
10		1-				
11		1-				
12		1-				
13		2-				
14		1-				
15		1-				
16		1-				
17		1-				
18		1-				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						